# HIV/AIDS
# SSO4

## SEMI-ANNUAL REPORT

### OCTOBER 1, 2002–MARCH 31, 2003

**Strategic Support Objective 4:**
*Increased use of improved, effective, and
sustainable responses to reduce HIV
transmission and to mitigate the impact
of the HIV/AIDS pandemic*

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### OCTOBER 1, 2002–MARCH 31, 2003

**POLICY PROJECT**
**Contract No. HRN-C-00-00-00006-00**

*Submitted to:*

**Office of HIV/AIDS**
**Bureau for Global Health**
**U.S. Agency for International Development**

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# I.  Introduction/Background

## A.  Summary Project Description

POLICY II began on July 7, 2000.  The Futures Group International implements the project in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA).  This report covers POLICY's HIV/AIDS activities and accomplishments during the period from October 1, 2002 to March 31, 2003.

The POLICY Project endeavors to improve policies affecting family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health programs and services in developing countries.  Multisectoral collaboration, community empowerment, respect for human rights and gender equality, and support for vulnerable populations, including orphans and other children affected by HIV/AIDS, characterize POLICY's approach to policy and program development.  In working to promote and sustain access to high-quality FP/RH, HIV/AIDS, and maternal health services, the project addresses the full range of policies, including:

- National policies as expressed in laws and official statements and documents;
- Operational policies that govern the provision of services;
- Policies that impact gender, youth, and human rights; and
- Policies and plans in related sectors, such as education, labor, and the environment.

To achieve its main objective, the project strives to

- Broaden and strengthen political and popular support to ensure commitment to—and build an enabling environment for—effective HIV/AIDS policies and programs;

- Improve planning and financing mechanisms to provide the resources and operational arrangements needed to implement policies and programs, and also to prevent the inefficient use of resources;

- Provide and disseminate accurate, up-to-date, and relevant information that serves as the foundation for sound policy decision making; and

- Enhance in-country and regional capacity to participate in policymaking processes and thereby contribute to the long-term sustainability of policies and programs.

The POLICY Project's HIV/AIDS portfolio has grown considerably in recent years.  The project receives funding from USAID's Office of Population and Reproductive Health (OPRH), Office of HIV/AIDS (OHA), regional bureaus (including Africa and Asia and the Near East (ANE)), and individual country missions to achieve the following SSO4 Intermediate Results (IRs):

4.3   Improved knowledge about and capacity to address the key policy, cultural, financial, and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS;

4.4   Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services; and

4.5   Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts.

**POLICY's Approach to HIV/AIDS**

The POLICY Project embraces a multisectoral approach to HIV/AIDS. The challenge of HIV/AIDS cannot be addressed effectively if it is treated narrowly as a public health or medical issue alone. HIV/AIDS is interconnected with and exacerbated by a host of factors (e.g., human rights, poverty, gender), and it has the ability to affect all sectors of society. Meaningful strategies to prevent the spread of HIV, care for people living with HIV/AIDS (PLWHA), and mitigate the impacts of the epidemic require the mobilization and coordination of efforts and resources across sectors.

The POLICY Project collaborates with a range of in-country partners to strengthen support for and enhance the *synergy* of broad-based, multisectoral HIV/AIDS policies and programs. Enhancing personal and institutional capacity to respond to the ever-increasing demands of the epidemic stimulates improved policy, program, and operational responses, which also encourages increased funding at global, national, and local levels.

**POLICY's HIV/AIDS Partners**

A key component of POLICY's approach to improving HIV/AIDS programs and services is to build in-country capacity to participate in and contribute to policymaking processes. To do this, POLICY collaborates with a variety of government and civil society counterparts.

- *Government Departments and Agencies.* The POLICY Project's government partners include national AIDS councils, national AIDS control programs, and relevant departments at the national and local levels (e.g., health, education, labor, welfare, finance, uniformed services, women, social services, and transportation). POLICY works with these government entities to develop guidelines, strategic plans, operational policies, and financing mechanisms to address HIV/AIDS. POLICY also assists individual parliamentarians and coalitions of lawmakers in making HIV/AIDS a national priority and strengthening commitment to address the epidemic. In addition, POLICY facilitates law and policy reviews to encourage compliance with international human rights standards. The project's computer simulations enhance policymakers' understanding of the impacts of HIV/AIDS and the costs and benefits of different policy and program strategies.

- *PLWHA Associations.* POLICY's work with PLWHA associations and networks builds on international standards and guidelines, including the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) Principle and the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. Until PLWHA are meaningfully involved in policymaking, program design, and community mobilization, prospects for addressing the HIV/AIDS epidemic will be diminished. The POLICY Project encourages the active policy engagement of PLWHA by building the capacity of national, regional, and international associations of PLWHA. POLICY is also active in developing strategies to help PLWHA confront stigma and discrimination, strengthen the ability of PLWHA networks to exercise and advocate for human rights protections, and facilitate regional and international collaboration.

- *Faith-based Organizations.* Faith-based organizations (FBOs) in developing countries not only provide spiritual guidance for their followers, they are also often the primary providers of a variety of local health and social services. Situated within communities and building on relationships of trust and respect, FBOs also have the ability to influence the attitudes and behaviors of their fellow community members.

POLICY provides technical assistance to FBOs with the aim of strengthening their capacity to provide care and support services for PLWHA, as well as reduce the stigma and silence surrounding HIV/AIDS.

- *World of Work.* The POLICY Project collaborates with organizations in the world of work, such as trade unions and business associations, to develop appropriate workplace HIV/AIDS policies and programs. These policies and programs should eliminate discrimination against PLWHA, safeguard employee benefits (e.g., health insurance and leave), and serve as a conduit for awareness-raising and prevention efforts. POLICY also works with civil society groups to raise awareness of the rights of PLWHA in the employment sector, and has contributed to the development of postgraduate programs that focus on training students how to deal with HIV/AIDS and employment issues. In addition, POLICY uses computer models, such as the AIDS Impact Model (AIM) and GOALS, to project the demographic characteristics and effects of the epidemic, as well as the economic consequences of HIV/AIDS and the relative costs and benefits of different strategies to combat the disease.

- *Development Nongovernmental Organizations (NGOs).* HIV/AIDS has the potential to reverse— and hinder the future achievement of—hard won economic and human development gains in many countries. The epidemic can diminish workforces, limit educational opportunities, marginalize vulnerable groups, exacerbate poverty levels, usurp resources, and bring about other consequences that negatively impact a nation's development. The POLICY Project seeks to mainstream HIV/AIDS issues into the activities of NGOs operating in the development sector, including professional associations and women's and youth groups. POLICY provides technical and logistical assistance to NGOs to improve understanding of the links between HIV/AIDS and development, as well as enhance advocacy, strategic planning, financing, and monitoring and evaluation capabilities with regard to HIV/AIDS.

**Operationalizing POLICY's HIV/AIDS Work**

The POLICY Project engages in a range of activities to facilitate the development of policies that effectively address HIV/AIDS and mitigate the impacts of the epidemic. These activities are described below.

- *Advocacy and Awareness Raising.* POLICY's advocacy efforts are designed to build political and popular support for multisectoral HIV/AIDS policies and programs. POLICY conducts training workshops with a wide range of stakeholders to enhance their ability to design, implement, and evaluate advocacy campaigns to increase support for specific HIV/AIDS issues. In doing so, the project involves actors not traditionally included in policy processes, such as civil society groups, NGOs, FBOs, PLWHA networks, women's groups, health care providers, professional associations, research institutions, individual policy champions, and others. Awareness-raising efforts also seek to inform groups, particularly PLWHA and other vulnerable groups, about their human and legal rights.

- *Strategic Planning, Resource Allocation, and Policy Formulation.* POLICY works with government programs and civil society and private sector organizations to conduct strategic planning exercises that include broad participation and result in realistic action plans to achieve specific goals. A primary objective is to ensure that financing mechanisms and operational policies are in place to carry out the strategic plans and national policies. To further enhance understanding of the economic impact of HIV/AIDS, POLICY staff are also active in maintaining and participating in the International AIDS-Economics Network (IAEN), whose collaborators include the World Bank and USAID. This network of economists and interested professionals meets regularly, both in-person and electronically, to review and discuss the latest information on the economic impacts of the epidemic and program financing.

- ***Information for Decision Making.*** The POLICY Project is active in developing insightful policy analysis tools and informational products that are accessible to a variety of audiences.  To begin with, POLICY has developed a composite index for measuring the degree to which the in-country policy environment is supportive of policies and programs.  In addition, in conjunction with USAID, UNAIDS, and others, POLICY developed the *AIDS Program Effort Index*, which measures the level of effort in country responses to the epidemic.  The project also utilizes and provides training in the use of computer models, such as AIM, GOALS, and EPP (Epidemic Projection Package).  These computer models project the social and economic consequences of HIV/AIDS, estimate current and future national HIV prevalence rates, calculate the costs and benefits of different strategies, and more.  POLICY also supports research intended to improve our understanding of the processes that lead to successful policies and maintains a comprehensive database of HIV/AIDS policy statements that can be searched via the Internet.

- ***Capacity Building and Training.*** At each step of the policy process—advocacy, resource allocation, research and monitoring, policy reform, and so on—the POLICY Project seeks to build the capacity of its in-country partners.  POLICY provides training and technical assistance on a variety of issues and activities, including developing campaigns, using computer models, conducting strategic planning exercises, and forming networks and partnerships around HIV/AIDS issues.  Capacity building fosters the development of in-country policy champions and ensures the sustainability of efforts to develop lasting, meaningful approaches to address HIV/AIDS.

## POLICY's Crosscutting HIV/AIDS Issues

POLICY has identified three crosscutting issues that must be integrated into aspects of the project's work, whether it be strengthening popular support, formulating policies, generating information, or building capacity.

- ***Human Rights.*** Reducing stigma and discrimination and promoting human rights are priorities for the POLICY Project.  POLICY views human rights not just as one important aspect of HIV/AIDS policies and programs; rather, they are the very foundation on which effective strategies to address the epidemic must be built.  POLICY's activities in this arena are designed to improve understanding of the human rights issues related to HIV/AIDS and provide strategies to address these issues.  This involves legal reviews and recommendations for policy and legislative reform; the development of indicators to measure human rights abuses and evaluate programs on the basis of human rights criteria; advocacy and awareness raising to reduce stigma associated with HIV/AIDS; and capacity building to help PLWHA confront stigma and discrimination.

- ***Gender.*** Men and women experience HIV/AIDS differently depending on gender.  "Gender" refers to the characteristics, roles, and identities that societies assign to groups of people based on their sex and sexuality.  Men and women's ability to benefit from prevention, care, support, and mitigation policies and programs differs according to the particular context's gender relations. POLICY promotes gender-sensitive approaches and works to enhance understanding of the interrelationships between gender and HIV/AIDS (e.g., gender-based violence or the special needs of men-who-have-sex-with-men (MSM)).  POLICY staff are also active in the Interagency Gender Working Group (IGWG) and its Task Force on Gender and HIV/AIDS.

- ***Youth, Orphans, and Other Vulnerable Children.*** Youth have special needs when it comes to HIV/AIDS policies and programs, including access to youth-friendly services and protection from harmful

practices, but they also require programs that enhance life choices and opportunities (e.g, education, employment). In addition, the epidemic has given rise to the phenomenon of AIDS orphans and other vulnerable children (OVC), who are affected both physically and emotionally. The POLICY Project works with governments and civil society partners to review and develop policies that address youth and OVC issues. The project also conducts and disseminates research on the demographic impacts of HIV/AIDS and facilitates advocacy for youth and OVC issues.

In these ways, the POLICY Project encourages a multisectoral approach that encompasses target issues and populations that are critical to the success of HIV/AIDS policies and programs.

## B.      Summary of Activities

HIV/AIDS activities are carried out with core funds from OHA, regional bureaus (Africa and ANE), and with field-support funds from USAID Missions in individual countries. Core and regional bureau funds for HIV/AIDS are used to

- Advance and update our technical knowledge of global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches for addressing issues related to global HIV/AIDS policy constraints; and
- Shed light on a critical HIV/AIDS policy issues that otherwise would not be funded by a Mission.

In this reporting period, POLICY conducted the following activities with HIV/AIDS core and regional bureau funding:

**Core funds**

- *Asociación para la Salud Integral y Ciudadanía d América Latina (ASICAL).* Policy supports ASICAL to develop tools and the capacity of  MSM in Latin America to design and implement advocacy campaigns for effective HIV/AIDS prevention among the MSM population. During this reporting period, POLICY staff conducted a training workshop in Quito, Ecuador from January 26–31 for 37 participants representing 18 NGOs from 13 Latin American countries. The workshop objective was to present a training manual on advocacy to promote men's health for effective HIV/AIDS prevention and care among MSM. A report on the training workshop will be available in April; the training manual will be available in early May.

- *Human Rights.* POLICY's human rights activities during this reporting period included the following:
  o   Providing input to the AIDS Program Effort Index prior to its field application.
  o   Participating in a World AIDS Day roundtable discussion on "Stigma, Discrimination, and the Future of HIV/AIDS Law, Policy, and Advocacy." The roundtable assessed the effectiveness of current domestic and international efforts to combat stigma, discrimination, and other facets of the pandemic and explore how those efforts can be improved.
  o   Presenting the Human Rights Matrix to POLICY staff and other audiences. The matrix was designed to facilitate access to international human rights instruments of significance to POLICY country activities.
  o   Continuing to serve as co-chair of the USAID stigma and discrimination working group and preparing 'additional indicators' on stigma and discrimination.

- **CORE Initiative** The CORE Initiative contract was awarded to CARE (as the primary contractor) during this reporting period. POLICY is only managing a few remaining components of the pilot project, which are summarized below:

  o *World Relief/NBEA.* POLICY supported the partnership between the NBEA (the National Black Evangelical Association) and World Relief in June 2001 to build an international coalition to address AIDS in Africa and the populations of African descent in the United States and the Caribbean. Since October 2002, this partnership has developed a coalition/network, now known as the International Christian Coalition for AIDS Reversal and Education (ICCARE). ICCARE's Steering Committee drafted the mission and purpose of the coalition on November 12, 2002 and subsequently agreed on the network's name. As a step toward to strengthening the coalition, the Steering Committee has also appointed committees on values, resources/networking, prayer, and fundraising/ development and is recruiting members from Africa and the Caribbean.

  o *Small Empowerment Grants.* POLICY awarded 23 grants totaling more than $116,000 to 23 faith and community-based organizations from 12 countries.

  An illustrative example of a grant recipient during this reporting period was the funding of *Corporacíon Kimirina* in Ecuador. With a small grant of less than $5,000, *Corporacíon Kimirina* was able to accomplish several media and community education activities aimed at educating journalists in Ecuador on HIV/AIDS. One of the activities was to provide journalists with better information on HIV/AIDS to enable them to present accurate facts about the disease and help stop discrimination and stigmatization against PLWHA. Corporacíon Kimirina trained 111 journalists and 63 journalism students in five different cities in Ecuador. The total number of people that could potentially be reached through this training, based on readership/viewership/listenership of the media outlets, is nearly 4,900,000. In addition to training 174 individuals, Corporacíon Kimirina also disseminated documents to 80 additional contacts in the media. As a result of the training, 30 articles discussing various issues surrounding HIV/AIDS have been written, 25 more than Corporacíon had projected in its proposal.

  o *Anglican Communion's HIV/AIDS Program.* POLICY facilitated a two-day planning process with the Council of Anglican Provinces of Africa (CAPA). The aim of the workshop, which took place on January 29–30, 2002 was to take Anglican leadership through an experiential and interactive process of HIV/AIDS strategic planning skills development. In this way, the strategic planning process that POLICY supported within the Church of the Province of Southern Africa (CPSA), as part of the CORE Initiative demonstration project, will potentially be replicated in other African church provinces. To support this process, 11 grants for a total of $115,000 have been awarded in the 11 provinces of the Anglican Communion in Africa through the Anglican Consultative Council (ACC) in London.

  Following the HIV/AIDS strategic planning process for the CPSA, 45 million Rands (US$5.8 million) was secured through Christian AID and the Department for International Development (DFID) to implement the diocese plans. POLICY developed and designed a website documenting the CPSA HIV/AIDS strategic planning process, which was posted on the Internet in January, in collaboration with UNAIDS. The entire planning process, including all materials produced by POLICY, is extensively documented on the site (www.anglicancommunion.org/special/hivaids) so that the model planning process can be replicated. In December, the Archbishop of Cape Town distributed more than $15,000 in grants to the 23 dioceses of the CPSA for World AIDS Day. The

funds included donations from across the worldwide Anglican Communion, recognizing CPSA's outstanding achievement in responding to the AIDS epidemic.

o *CPSA Demonstration Project*. In October 2002, the ACC (Anglican Consultative Council) resolution on HIV/AIDS was adopted. The resolution, among many other statements, encourages the churches throughout the Communion to make awareness of HIV/AIDS a priority and to undertake gender-sensitive education and information programs in their respective communities and nations. It also urges each church of the Anglican Communion to develop and adopt a plan of action in response to the HIV/AIDS pandemic and report on what has been achieved.

Also in October 2002, the Archbishop of Canterbury and the President of the World Bank invited Reverend Canon Ted Karpf and the Archbishop of Cape Town to address the World Faiths Development Dialogue (WFDD) at Canterbury Cathedral, on the nature of the AIDS pandemic and faith-based activities in Africa. The report was so well received the World Bank will provide support to Southern Africa through a grant to extend HIV/AIDS ministries. Additionally, HIV has now been included as a regular part of the WFDD meetings. In November, the Archbishop of Cape Town once again addressed the South Africa government on its lack of implementation of the AIDS Treatment Plan issued last year by the Treatment Action Campaign and the Congress of South African Trade Unions (COSATU) and in December, he addressed more than 1,000 men in the Midrand at Tsakane township on the dangers of unsafe sex and described the implementation of the 5-point plan for prevention of HIV approved by the Synod in September. At the opening of Parliament, the Archbishop and other leaders from the CPSA called the largest public demonstration in South Africa (5,000 persons) since 1989 in support of access to treatment for all people.

In addition to CAPA and the All Africa Conference, strategic planning efforts, based on the CPSA model, are being initiated in 54 African nations under CAPA's leadership. POLICY/South Africa and the CPSA consultant held a master training in strategic planning for the 12 African Anglican AIDS Coordinators and staff in Kampala, Uganda (January 2003). A total of $250,000 has been raised from foundation sources and the Compass Rose Society of the Anglican Communion to support African strategic planning activities.

- *AIDS and Economics/UNAIDS Reference Group*. POLICY calibrated the GOALS Model with the World Bank's ABC (abstinence, behavior change, and condoms) resource allocation model, in order to compare the results of the two models. The analysis will be presented as a paper at the IAEN meeting in April 2003. POLICY also presented the GOALS Model during POLICY's Latin American (LAC) regional technical development (TD) week, trained LAC representatives in its use, and completed the Capacity Development add-on that will be incorporated into the model to identify needs in areas such as training.

The AIDS Impact Model (AIM) was updated during this reporting period. The new version updates the programming language used in SPECTRUM; calculates maternal, paternal, dual and total orphans due to AIDS and non-AIDS causes; and provides options for displaying orphans by all ages or by single years of age. Updated patterns for the age and sex distribution of HIV are included and the interface with EPP has been updated to accommodate the new version of EPP that will soon be released. The revised AIM is now available on the web in English. POLICY participated in a training-of-trainers workshop in Geneva in preparation for regional workshops to teach national program managers to use EPP and AIM to estimate and project national prevalence.

POLICY also initiated background research on studies related to the impact of HIV/AIDS on orphans and vulnerable children and worked with UNAIDS, WHO, and INSP (Mexico) to update the analysis of global resources required for AIDS. The analysis was presented to the UNAIDS Governing Board in November 2002.

Other activities completed include developing and disseminating the Resource Needs Model (RNM), planning the next face-to-face meeting of the IAEN, participating in UNAIDS meetings on HIV/AIDS financing, and updating a database of HIV/AIDS workplace policies. POLICY staff also provided technical assistance to country coordinating mechanisms in proposal development and review for three successful proposals to the Global Fund (Dominican Republic, Kenya, and Swaziland).

- *AIDS Program Effort Index.* POLICY began implementing the 2003 round of the AIDS Program Effort Index (API). The questionnaire was revised, field tests were carried out in Haiti and Kenya, and national consultants in 55 countries were recruited.

- *Orphans and Vulnerable Children (OVC)* POLICY submitted the final draft of the OVC Policy Gaps Paper to USAID/W/OHA for approval.  The paper reviews national policies, legislation, and coordinating mechanisms and provides recommendations to USAID and others on improving national responses to protect orphans and other vulnerable children.

  POLICY is also assisting the OVC policy process in Uganda and Kenya. In Uganda, POLICY is collaborating with the USAID-funded Applied Research in Child Health (ARCH) Project and the Ministry of Labor, Gender, and Social Development's OVC Policy and Program Plan Development Project, to undertake a study that analyzes OVC-related laws and policies and institutional frameworks that exist or can be strengthened. In Kenya, POLICY is collaborating with UNICEF/KCO, the Children's Department, and the OVC Task Force to carry out a participatory OVC situation analysis that will provide a basis upon which to make hard choices about how and where to direct available resources to benefit the most seriously affected children and families.

- *Core Packages on Stigma and Discrimination* Core packages in Mexico and South Africa aim to reduce stigma and discrimination against PLWHA.  Both packages include collecting baseline data, developing sound indicators on stigma and discrimination, and identifying barriers to use and access to a range of services (health care, welfare, employment, housing, and legal support).  They also work to improve the image of PLWHA and HIV/AIDS in the media.

  Progress on the Mexico Stigma and Discrimination Core Package proceeded on schedule, under the management of the National Institute for Public Health (INSP) in Mexico. INSP completed and disseminated a report of the international expert group meeting on stigma and discrimination indicators co-sponsored by POLICY. Research protocols and plans for the four components of the project (internal stigma, legal and policy environments, survey of health service providers, and the media) were completed and implemented. In addition, a meeting of the implementing partners for each component of the stigma package was held on March 26 in Mexico City to discuss the status of work and look for synergies within partners and  components.  Kevin Osborne, POLICY's Deputy Director for HIV/AIDS, and Clif Cortez of USAID's Office of HIV/AIDS also participated.

  In South Africa, progress was also made on the HIV/AIDS-related Stigma and Discrimination Research Core Package Project (called the Siyam'kela). Over the last six months, four reference groups set up under the project met twice to provide guidance to the project.  POLICY staff prepared a

literature review on stigma and discrimination and developed preliminary indicators of stigma and discrimination. They also completed a media scan specifically focusing on programs related to HIV/AIDS across a sample of local print, television, and community radio channels, and held 18 focus-group meetings in the nine provinces with PLWHA and representatives from FBOs to validate findings from the literature review and media scan.

- *Policy Research: GIPA/Global.* This research is intended to contribute to a greater understanding of the contributions of PLWHA and the impact of their participation in the development and implementation of national HIV/AIDS policy and strategic planning processes. To that end, POLICY's study is focused on the role of PLWHA in the development and implementation of National AIDS Strategies in five selected countries: Benin, Brazil, Cambodia, South Africa, and Ukraine. Participants in the study have been identified, an interview guide was completed, pertinent documents for each country have been collected, and interviews have been scheduled or have begun with selected stakeholders in each country.

- *Gender and HIV Task Force* Policy leads the IGWG's Task Force on Gender and HIV/AIDS, which recently completed a study on the integration of gender factors into USAID HIV/AIDS/STI programming. Major activities completed during this period include presenting the findings to USAID staff on January 14 and 15, 2003, and sharing findings with 18 members of the USAID implementing agencies (IAs) community on February 6. Final products from the task force, including a briefing booklet and five guidance sheets on integrating gender into specific HIV/AIDS programmatic areas, are currently being drafted for completion by June 2003.

- *Advocacy Manual: Case Studies for HIV/AIDS.* POLICY has conducted case studies to highlight recent advocacy successes and lessons learned by 13 PLWHA, FBOs, and women's advocacy groups. The manual, A Moment in Time: HIV/AIDS Advocacy Stories, is now in the final stages of revision and editing.

**Regional: Africa Bureau**

- *Southern Africa Development Community (SADC)* POLICY has been collaborating with the Health Sector Coordinating Unit of SADC to assess the status of HIV/AIDS policies in the region and address specific priority policy issues. POLICY completed work on a report that summarizes and compares the national and sectoral HIV/AIDS policies of the SADC member states. SADC printed three hundred copies and disseminated them to member states, "National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community." The report contains recommendations for SADC and individual countries to improve policy support for effective HIV/AIDS programs and provides SADC with an overall picture of the status of HIV/AIDS policies in the region.

  The Ministers of Health from member states selected two policy issues for in-depth analysis: guidelines for voluntary counseling and testing (VCT) and the impact of AIDS on education capacity. POLICY prepared a background document summarizing existing information on VCT guidelines and convened a workshop of VCT experts in the region. A draft of the regional VCT guidelines has been prepared that will be reviewed in a subsequent regional meeting, pending the appointment of SADC's new HIV/AIDS coordinator.

- *Southern Africa Regional HIV/AIDS Program (RHAP)*

  o *Workshop on the Impact of AIDS on Teacher Supply and Demand.* POLICY collaborated with the SADC Human Resources Unit to conduct a workshop on the impact of AIDS on teacher supply and demand for countries in Southern Africa. The Health Economics and AIDS Research Department (HEARD) of the University of Natal conducted the workshop in Johannesburg on December 2–6 for participants from 11 countries. Participants learned to use computer models to estimate the impact of AIDS on the education sector.

  o *Support to the African Network of People Living with AIDS (NAP+) and the NAP+ Regional Delegates Conference.* POLICY supported 18 participants from 11 Southern African countries to attend a Regional NAP+ Conference held December 12–15 in Pretoria. NAP+ is a Pan African movement that strives to improve the quality of life of PLWHA through the formation and strengthening of country networks and PLWHA associations in order to respond more effectively to the African AIDS pandemic. POLICY also developed and facilitated two 2-hour sessions focused on familiarizing and strengthening the participants' skills in key areas of HIV/AIDS advocacy, which will enable them to begin contributing more systematically to the HIV/AIDS policy development process in their respective countries.

  o *Headmasters Project.* A rapid appraisal survey implemented by John T. King Associates noted that teachers are not receiving the necessary support to implement HIV/AIDS initiatives in schools. As a result, POLICY, in collaboration with the Ministry of Education, conducted a workshop for 60 headmasters on October 3–4, 2002. The purpose of the workshop was to share knowledge about current HIV/AIDS issues, facilitate networking among participants, provide the necessary support to teachers, and allow teachers, headmasters, and students to share what they thought were the best measures to combat HIV/AIDS.

  o *U.S. Ambassador's Small Grants Program Initiative.* POLICY continues to build political and popular support for HIV/AIDS issues by providing technical assistance and support to the U.S. Ambassador's Initiative Small Grants Program.  This period, POLICY awarded small grants to six NGOs in Lesotho and five NGOs in Swaziland to develop and implement HIV/AIDS interventions, increase their involvement in HIV/AIDS activities and issues, and continue to develop partnerships with local affiliates and constituencies on policy programs.

  o *Other Capacity-Building Activities.* POLICY supports NGOs in Botswana, Lesotho, and Swaziland to conduct a host of other capacity-building activities.

  In Botswana, the POLICY Project supported the activities of the student-led Society Against HIV/AIDS at the University of Botswana, to participate in the commemoration of World AIDS Day and produce IEC materials to enhance the organization's visibility. In addition, POLICY continues to assist the Nurses Association of Botswana (NAB) with the development of an in-service training manual, "Caring for the Caregivers," to support counselors and caregivers. The training manual is expected to be completed in April 2003. POLICY supported the Botswana Family Welfare Association to conduct a workshop aimed at strengthening individual and institutional HIV/AIDS capacity of the north-west district community-based organizations through training of HIV/AIDS focal persons.

In Lesotho, POLICY facilitated an NGO capacity development workshop, entitled "Challenges and Changes," for 19 participants from all the NGOs that had attended previous POLICY training sessions. POLICY continues to enhance regional capacity to provide policy training by supporting 15 NGOs through the Leadership Development Program. This program builds the project management capacity of 10 senior managers from local NGOs and five senior managers from CARE/Lesotho.

In Swaziland, POLICY facilitated an NGO capacity development workshop on November 19–21, 2002 entitled "NGO Partnership for Change" for 23 participants. Also, POLICY supports the activities of the Good Shepherd hospital to implement a thriving VCT program.

**Regional: ANE Bureau**

- *Vietnam.* Currently, POLICY awaits formal registration as a legal organization in Vietnam prior to beginning work on a number of activities. These include a review, assessment, and revision of the Ordinance on Prevention and Control of HIV/AIDS; a review of the Vietnam International Commitments in relation to HIV/AIDS; support for the development of the Vietnam HIV/AIDS Strategy 2003–2010; capacity-building and support for PLWHA; and research on media reporting.

- *Political Commitment.* POLICY is conducting activities to increase understanding of political commitment in low-prevalence countries. During this reporting period, POLICY completed a literature review on political commitment and developed a qualitative tool to measure political commitment using indicators in 13 key topical areas. The tool will be piloted five countries (Bangladesh, India, Nepal, Philippines, and Vietnam).

- *GIPA/ANE.* POLICY is conducting a study focused on how USAID missions and IAs working in the ANE region understand and incorporate GIPA principles in the planning, implementation, and evaluation of HIV/AIDS policies and programs. During this reporting period, POLICY selected five countries (India, Cambodia, Nepal, Philippines, and Vietnam) to participate in the study and designed a self-administered questionnaire to gather information. The questionnaire is being distributed to USAID missions, all USAID IAs working in the five countries, and selected local, regional, and national groups of PLWHA to participate in the study.

- *ANE GOALS Training.* The POLICY Project facilitated a five-day workshop titled "HIV Advocacy and Resource Allocation: A New Approach" for representatives of ANE countries in Bangkok, Thailand from December 9–13, 2002. The overall goal of the workshop was to present tools and strategies for improving the decision-making process for national resource allocation using an evidence-based, multisectoral participatory process. Workshop participants included multisectoral teams from Cambodia, India, Nepal, and Vietnam, with 30 participants attending. Following the workshop, POLICY asked for proposals to promote advocacy and policy dialogue around issues of HIV/AIDS resource allocation. Currently, two proposals from Nepal and Vietnam are being considered for funding.

- *Sex Work and Advocacy.* Sex work continues to be one of the most misunderstood and under addressed risk environments for HIV transmission in the ANE region, and this is especially evident in the policy arena. To prevent HIV transmission via commercial sex, many countries in the region, including Burma, Cambodia, and Thailand, have adopted "100% Condom Use Programs" (100% CUPs). While adoption of this program demonstrates strong political commitment to address HIV and

recognizes the need to use a public health approach when targeting the sex industry, little is known about the implementation of these programs from the perspective of the sex workers themselves.

In September 2002, POLICY facilitated a study to document the experiences of sex workers in Cambodia's 100% CUP and to explore how the program contributes to or hinders the delivery of effective interventions to prevent transmission of HIV and other STIs. Using this analysis, the report made recommendations on how HIV/STI interventions can be enhanced. The report was produced and disseminated to government and nongovernment stakeholders and sex workers in March 2003. Using POLICY/Cambodia field support funds, key recommendations from the report are now being implemented with a focus on strengthening sex worker participation in policy formulation. POLICY proposes to repeat the study in Burma in July 2003.

## C.     The Status of the Project

POLICY's  capacity to carry out a wide range of exemplary HIV/AIDS policy activities—from HIV/AIDS policy gaps and opportunities assessments to empowering vulnerable groups to becoming more actively involved in the policy process—has been strengthened over the past six months. Since the inception of POLICY II in July 2000, the project's HIV/AIDS portfolio has continued to expand dramatically, both in terms of the number of countries where activities are carried out but also in the range of policy interventions that fall within the project's scope. Increasingly, POLICY's response to Mission requests and its ability to remain at the cutting edge on a variety of core activities is being recognized. Meeting the goals of the project's HIV/AIDS strategy has resulted in greater synergies among many of the HIV/AIDS-focused activities (through the use of both core and field funds;) but has also strengthened the linkages to the other areas of the project (family planning and maternal health).

During the past six months, with the increase in both core and field support funding, the project has been able to actively pursue many strategic policy interventions aimed at creating and strengthening a supportive HIV/AIDS policy environment. The majority of the project's HIV/AIDS funds come from field support, which is a clear indication not only of the importance of the multisectoral HIV/AIDS policy interventions supported by the project but also of strong mission support for the kind of work carried out by POLICY. HIV/AIDS field support is especially strong in Africa, which now accounts for over 80 percent of total project field support in this region. Similar increases are also reflected in the increased number of countries in both the ANE and LAC regions that are carrying out HIV/AIDS activities.

POLICY's selected technical areas of focus reflect both the importance of the strategic direction of the project's HIV/AIDS portfolio and the clear linkages with USAID's HIV/AIDS response as reflected in *Leading the Way: USAID Responds to HIV/AIDS*. POLICY clearly addresses the following areas highlighted by USAID in support of "creating an enabling environment:"

1. *Stigma reduction* is reflected in the groundbreaking stigma and discrimination "core packages" currently being carried out in South Africa and Mexico.  POLICY's innovative work on expanding and strengthening UNAIDS' two current indicators of stigma and discrimination will ensure that  one of the lasting legacies of the project will be its work in this area.  The core packages reflect that the process is part of the product—for in developing indicators and programmatic interventions for stigma and discrimination, POLICY has ensured that participation and involvement are key ingredients. The Siyam'kela ("We are together") package in South Africa has the support and ownership of the National AIDS Program, and this has allowed POLICY to begin conducting much needed research in 10

national government departments. The Mexico core package has been in catalyst is shaping the design of USAID's new five-year HIV/AIDS strategy for the country, where stigma and discrimination is now a central focus area. The collective components of the two core packages (internal stigma; media analysis; legal and regulatory analysis; workplace/health care settings) will provide the platform for much of POLICY's future work in this area. In addition, in Cambodia and Vietnam, POLICY is working to build capacity of civil society partners, such as Buddhist organizations and PLWHA networks, to confront stigma and discrimination. POLICY also supports the Ambassador's Initiative of USAID's Southern Africa RHAP, which has awarded small grants to development NGOs in Botswana, Lesotho, and Swaziland to develop innovative HIV/AIDS programs that challenge stigma.

2. *The promotion of human rights,* both as a policy principle and a crosscutting issue, is paramount within the project but is also reflected in specific activities, such as the legal assessments conducted in Tanzania and Peru, and the ongoing assessment in Vietnam. Packaging all policy work within an understanding of human rights will continue to ensure that our policy interventions are people-centered, and thus more responsive to the epidemic. POLICY's human rights working group has also developed a human rights matrix that has assisted several countries in developing a better understanding of their status with regard to a number of international and national treaties and obligations.

3. *The greater involvement of people living with HIV/AIDS (GIPA)* is reflected not only in the staff/consultants that are hired in many local POLICY offices, but also in POLICY's specific work with the GNP+, its regional bodies, and with national HIV/AIDS councils. The importance of PLWHA involvement as a key indicator of political commitment has been universally recognized as part of a effective response. Yet while the importance of GIPA as a policy principle is well articulated in international declarations like the UNGASS HIV/AIDS Declaration and in the majority of national HIV/AIDS plans, there is little hard evidence that this involvement (at least on a policy level) makes a tangible difference. POLICY is currently conducting a five-country study (Benin, Brazil, Cambodia, South Africa, Ukraine) to assess the role, importance, and impact of PLWHA in the development and implementation of national HIV/AIDS strategies. This information will pave the way for better understanding of how GIPA can and should be put into action within the policy arena. In addition, POLICY supports the development and strengthening of the voices of those most affected to enable them to become more effective participants in the policymaking process. As part of our work in Cambodia, POLICY provides capacity development and technical assistance to the Cambodian Positive Network (CPN+) to improve its training and advocacy skills, as well as help the network cope with and respond to stigma and discrimination. Building the capacity of PLWHA networks and national associations is a critical part of ensuring their meaningful involvement in policy processes. Meaningful involvement of PLWHA is showcased in the project's work, most notable in Kenya, Malawi, Mexico, South Africa, and Vietnam.

4. *Policy dialogue and advocacy* is reflected in POLICY's work with faith and community leaders and with decision makers and politicians around issues as diverse as resource allocation and policy issues facing orphans and children made vulnerable as a result of the epidemic. POLICY's GOALS Model for Resource Allocation is an excellent example of advocacy in action around an issue of global concern. The model stimulates discussion from a wide range of role players, which may also lead to increased resources allocated to HIV/AIDS issues in a number of POLICY countries. With the creation of the Global Fund for HIV/AIDS, TB, and Malaria, increased attention is being paid to effective resource mobilization. As such, strengthening the advocacy voices of civil society groups in areas from which they have traditionally been excluded is of extreme importance. Using the GOALS Model as a catalyst, POLICY brought together economists, finance analysts, and NGO advocates

from ANE countries to stimulate policy dialogue about resource allocation issues. By creating this much-needed synergy, POLICY was able to demonstrate the importance of ensuring that the HIV/AIDS policy field requires the building and strengthening of multisectoral collaboration and partnerships. POLICY's advocacy work under the pilot CORE Initiative has witnessed increased resources for the Church of the Province of Southern Africa and the global Anglican communion; enhanced the advocacy capacity of faith and community organizations around key technical areas including access to treatment and MTCT; and sewn the seeds for a strong USAID-funded project, awarded in January 2003, with a dedicated focus on the values institutionalized by POLICY under this initiative.

5. _Multisectoral engagement_ is the cornerstone of POLICY's HIV/AIDS approach and reflects not only the diversity of the many groups engaged in policy-related work but is also an approach actively supported in all interventions. Workplans for countries recently added to POLICY's portfolio (Nepal, Vietnam) clearly reflect both the views of multisectoral parties and the policy implications of this approach. POLICY's links to the Global Fund have also been strengthened, and it is expected that future POLICY activities will support an analysis of the country coordinating mechanisms (CCMs) in a number of countries around the world; for the smooth operation of these CCMs is critical to the success of the Global Fund.

6. _Human and institutional capacity development_ is evident in the large number of local staff who are the lasting legacy of all developmental support. With the project's emphasis on enhancing and supporting in-country capacity, we have witnessed an increase in the number of local staff and consultants to meet the various demands made on the POLICY Project. POLICY's regional HIV/AIDS Program in Southern Africa is now managed by and through the local POLICY Office in South Africa, which is further proof of the need to invest in sustained human capacity.

In order to optimize its global HIV/AIDS response, POLICY also strengthened its Washington, DC-based management team and hired additional staff. POLICY appointed an HIV/AIDS Advocacy Specialist (Pablo Magaz/CEDPA) to support much of POLICY's GIPA work. In addition, to strengthen the project's HIV/AIDS technical work, an additional resource person was hired to strengthen POLICY's expanding work in the areas of PLWHA and the Global Fund (Philippa Lawson/Futures).

The project has received strong support and guidance from OPRH for its expanded HIV/AIDS role and, in collaboration with other HIV/AIDS IAs, continues to support the goals of the OHA.


## D.    Key Accomplishments

The POLICY Project contributed to results in ten countries as well as to key regional and global activities. Several key accomplishments are listed here, which are described in greater detail in Section II.B below.

**Policy Formulation**

- *Cambodia.* On October 24, 2002, the Cambodian Ministry of Women's and Veterans Affairs' (MWVA) formally adopted the *MWVA Policy on Women, the Girl Child, STIs, HIV, and AIDS*.

- *Kenya.* The National AIDS Control Council (NACC) approved and adopted *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000–2005* on November 27, 2002.

This document will be useful in guiding current and future HIV/AIDS programs and will be a valuable resource for organizations that want to make gender concerns a core issue in their programs.

- *Haiti.* A committee in charge of drafting a document on "Norms and Operational Policies for Care of People Affected by HIV/AIDS," submitted that document to the Ministry of Health (MSPP) for approval in December 2002.

- *South Africa.* On March 4, 2003, the Inter-Departmental Committee (IDC) on HIV/AIDS formally adopted the 2003/2004 IDC Operational Plan.

**Advocacy and Awareness Raising**

- *Cambodia.* As a result of the CPN+-led Strategic Alliance on Treatments Access, Prime Minister Hun Sen issued a verbal directive during his closing address at the Second National HIV Conference on October 4, 2002 to the Ministry of Health to facilitate increased access to treatment and to antiretroviral therapies.

- *Haiti.* In December 2002, as a result of the workshop "Christian Response to HIV/AIDS," prominent Haitian religious leaders signed a resolution committing their institutions to joining the battle against AIDS and calling for follow-up meetings to arrive at a unified strategy for their efforts.

- *Mali.* Following the AIM training for religious leaders in January 2003, the Imam in the principal mosque in Magnambougou (an important residential area within Bamako) committed to talk about HIV/AIDS in his mosque. On January 24, 2003, he talked about HIV/AIDS prevention and care and support of PLWHA during Friday prayers.

- *Mexico.* December 1, 2002 in Yucatan marked the first time a governor (or any public official close to that rank) has ever walked in an HIV/AIDS March for Life; the governor participated at the behest of the Multisectoral Planning Groups (MCG) in Yucatan.

  The Center for AIDS Prevention and Control (CENSIDA) agreed to take over the MCG program as part of the National AIDS Program. This represents evidence of high-level commitment and support for broad-based participation of civil society in HIV/AIDS policy work at the state and local levels.

- *Nigeria.* Following the September 23, 2002 launch and inauguration of the first NINPREH network in the Northeast zone, POLICY provided TA for a similar launching of five NGO networks in the other five geopolitical zones of Nigeria.

  The President of Nigeria launched the HIV/AIDS Private Sector Initiative on February 15, 2003. All the captains of the organizational private sector present pledged their commitment to ensure the success of the initiative.

- *South Africa.* As a result of the National Men's Imbizo held in October 2002 in South Africa, an Interim National Task Team was elected to provide a vehicle through which men across the country can become more active partners in HIV/AIDS prevention, treatment, care, and support.

**Strategic Planning and Resource Allocation**

- *Mali.* Following the advocacy workshop at which he presided, the High Commissioner for the Segou Region of Mali sent a letter on December 19, 2002 to all mayors in the region with a copy of the AIM brochure, requiring them to include financing for HIV/AIDS activities in their budgets.

- *Mozambique.* As a result of technical assitance and financial support provided to the Multisectoral Technical Group and the Center for Population Studies, UNICEF agreed to provide $30,000 to fund several special studies on determinants of HIV prevalence in Mozambique on February 24, 2003.

- *Nigeria.* POLICY/Nigeria assistance in the planning and implementation of World AIDS Day 2002 activities led to a greater mobilization of resources for the campaign than have ever been raised for this event.  POLICY was successful in negotiating government contributions of close to N20 million (US$160,000—four times the amount raised the previous years), and the campaign received the greatest visibility to date.

- *South Africa.* The strategic planning session held in Gauteng Province, as part of POLICY's ongoing support to the Faith Organizations in HIV/AIDS Partnership (FOHAP) initiative, resulted in the formulation of a draft strategic plan for the provincial faith-based sector.

  The application of the GOALS Model has contributed to an increase in the budget of the national government's expenditure on National HIV/AIDS programs from 783.2 million Rand in 2002/3 to 1,144.0 million Rand in 2004/5.

  The Department for International Development (DFID) awarded a R45 million grant (US$5,867,000) to Christian Aid of the United Kingdom for the implementation phase of the Church of the Province of Southern Africa (CPSA) strategic plan.

**Information for Decision Making**

- *Kenya.* Results of the GOALS Model application in Kenya formed the basis for the National AIDS Control Council (NACC) Planning, Financing, and Budgeting Group (TG5) Joint AIDS Program Review (JAPR) report.

- *Mali.* Data from the Mali AIM Booklet, *Le VIH/SIDA au Mali: Evolution et impacts sur le developpement*, have been used several times in advocacy efforts. For example, Population Services International (PSI) used information from the Mali AIM (tailored for use with religious leaders) to raise awareness of the epidemic's impacts among religious leaders in Mopti, October 8–9, 2002.

- *Mozambique.* The POLICY-supported HIV/AIDS factbook, *Impacto De Demografico Do HIV/SIDA Em Mozambique,* was used to support preparation of the government's application to the Global Fund in September 2002. The factbook was also used as an advocacy tool in the national youth network, Aro Juvenil's publication *AIDS in Mozambique*, as well as by the World Bank's new project, "Mozambique–HIV/AIDS Response Project" (Report No. PID11473) in December 2002.

- **South Africa.** The national Department of Health used results from the GOALS Model in September 2002 to develop the government's AIDS budget (Medium-term Expenditure Framework), which led to increased budgets for programs focusing on HIV transmission through sex work, condom provision, and projected care costs.

**Capacity Building**

- **Malawi.** Over the last six months, POLICY/Malawi's resident advisor Rita Chilongonzi provided extensive assistance to the National AIDS Council and other partners in planning and facilitating the HIV/AIDS policy development process.

- **Uganda.** As a result of training in the SPECTRUM FamPlan and DemProj models last December, Dr. Rutaremwa has trained officials from the Uganda AIDS Commission, AIDS Information Center, and National AIDS Control Program in the use of these models. These officials have subsequently joined the training in other SPECTRUM models (RAPID and AIM) being conducted at Makerere University.

- **South Africa.** POLICY supported the development and pilot-testing of the First Wellness Management Curriculum in March 203 for the Church of the Province of Southern Africa.

# II.    POLICY Project HIV/AIDS Performance Review

## A.    Technical and Analytic Documents Produced and Disseminated

**Global**
- POLICY Project: HIV/AIDS Accomplishments, Areas of Technical Leadership, Lessons Learned, and Future Challenges,  February 2003
- HIV/AIDS SSO4 Annual Report: October 1, 2001–September 30, 2002, October 2002
- Strengthening Faith-based Responses to HIV/AIDS: A Factsheet

**Africa**
- National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community, October 2002
- USAID Regional HIV/AIDS Program: Southern Africa,  September 2002

**Cambodia**
- Ministry of Women and Veterans Affairs *Policy on Women, the Girl Child, STIs and HIV/AIDS*
- Ministry of Women and Veterans Affairs HIV/AIDS Three Year Action Plan
- *Resource Requirements for Cambodia's 2001–2005 HIV/AIDS National Strategic Plan,* September 2002
- Voluntary Confidential Counseling and Testing (VCCT) in Cambodia: An Overview
- Evaluation Report: Advocacy Program to Mobilize Faith-Based Communities in the Fight Against HIV-Related Stigma and Discrimination – Working with Monks in Cambodia
- HIV/AIDS and Human Rights Situational Analysis
- Living Openly: HIV Positive Cambodians Tell Their Stories, October 2002
- Perceptions of the Cambodian 100% Condom Use Program: Documenting the Experiences of Sex Workers, January 2003
- Statement by the Cambodia People Living with HIV/AIDS Network, October 2002

**Ethiopia**
- AIDS Profile in SNNPR, January 2003
- *AIDS in Ethiopia,* Fourth Edition, October 2002

**Haiti**
- Project paper, agenda, and workshop guide for "Christian Response to HIV/AIDS," December 17, 2002
- Results of the Survey on the Impact of AIDS Among Working Professionals, POLICY Project, December 2002
- Report of the Impact of AIDS Among Working Professionals, POLICY Project, December 2002

**Kenya**
- Mainstreaming Gender into the HIV/AIDS Kenya National Strategic Plan, 2000–2005, November 2002
- Contraceptive Commodities Procurement Plan for 2003–2006, September 2002

- POLICY Project Kenya's CDC-Funded Programs 2000–2002: End of Project Report
- Revised Guidelines for the District Health Management Boards
- Facilities Improvement Fund "Operations Manual" for Health Centers December 2002
- Financial Improvement Fund Operation Manual: Health Centres, December 2002
- Financial Performance of the Cost Sharing Programme: Annual Report 2000-2001
- Guidelines for District Health Management Boards, Hospital Management Boards, and Health Centre Management Committees December 2002

**Mali**
- AIM video in French, Sonrai, Peulh, and Sarakole

**Mexico**
- Resultados del Indicador del Ambiente en Políticas Públicas en SIDA (APES) aplicado en 4 estados de la República Mexicana: Yucatán, Guerrero, Estado de México y Distrito Federal. December 2002

**Mozambique**
- Report on the 2001 Sentinel Surveillance
- *Demographic Impact of HIV AIDS in Mozambique*

**Nigeria**
- Report of PMTCT Communication Strategy Workshop
- Report of NACA's institutional assessment
- Draft HIV/AIDS Strategic Plan Framework for the Catholic Church in Nigeria
- AIM report/advocacy publication, *HIV/AIDS: What it means for Nigeria—Background, Projections, Impact, Interventions, Policy*
- Access to Drugs for HIV/AIDS and Related Opportunistic Infections in Nigeria, September 2002
- Child Survival in Nigeria: Situation, Response, and Prospects, October 2002
- Knowledge, Attitudes, and Sexual Behaviour Among the Nigerian Military Concerning HIV/AIDS and STDs, September 2002
- Oyo State Plan of Action for Control and Prevention of HIV/AIDS

**Peru**
- Technical report of stakeholders' mapping and analysis on HIV/AIDS prevention and control

**Philippines**
- "Condom Demo Kits" distributed to Social Hygiene Clinic physicians of the eight HIV/AIDS project sites
- HIV/AIDS Action Plans of four Local AIDS Councils from the cities of Dagupan, Laoag, Urdaneta, and Batangas

**South Africa**
- *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*
- Department of Public Service's AIDS Indaba Report, October 10–11, 2002
- *Summary Report of the Evaluation of the Master Trainer's Programme: Local Government Leading the Partnership Against HIV/AIDS* October 2002

- *Learning Through Practice: Integrating HIV/AIDS into NGO Programmes: A Guide* January 2003
- Report on first consultative workshop, *HIV/AIDS-related Stigma and Discrimination Research Project (Siyam'kela)*, November, 27–28 2002
- Report on the National Men's Imbizo, October 4–5, 2002
- *Guidelines on Integrated Human Resource Planning in the Public Service*
- 2003/2004 Operational Plan: The Inter-Departmental Committee (IDC) on HIV/AIDS

**Tanzania**
- Assessment of Policy Environment for HIV/AIDS in Tanzania, November 2002

**Uganda**
- Church and Policy Formulation in the Face of HIV/AIDS

**WARP**
- CD-ROM containing all the background and resource material, deliberations, presentations, press releases, and the final report from the "Regional Workshop on Strengthening the Commitment and Role of Parliamentarians in STD/HIV/AIDS Efforts"
- Final report from the "Subregional Workshop for Advocacy Capacity Building on the AIM"

**Zambia**
- Assessment of Livingstone District HIV/AIDS Response
- Assessment of Mazabuka, Monze, Choma, and Sinazongwe Districts HIV/AIDS Response
- Assessment of Kalomo, Kazangula, Namwala, and Itezhi-tezhi Districts HIV/AIDS Response

## B.     Summary of Results Achieved by SSO4 Intermediate Results

This section lists results achieved from October 1, 2002 to March 31, 2003 according to USAID SSO4 intermediate results.  Results are listed by region and alphabetically by country within regions.

**4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions**

**Africa region**

- During the February 2003 Joint AIDS Program Review (JAPR), the National AIDS Control Council (NACC) used *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000–2005,* as a key reference document for guiding its partners on the issues in HIV/AIDS and gender in **Kenya**. The document also assisted the NACC in understanding key issues in gender and HIV/AIDS, to thus provide leadership in this area.  This document was produced by the NACC's Gender and HIV/AIDS Committee with POLICY's leadership and financial support.

- Women's equal access to health-related information and services as well as their right to enjoy equally in the benefits from socioeconomic development are important human rights concerns.  Gender issues, such as the lower socioeconomic status of women and the threat of gender-based violence, are recognized as key contributors to the spread of HIV, yet few governments have explicitly endeavored to address the gender issues that continue to make both women and men vulnerable to infection. In **Kenya**, the Chairman and Executive Director of the National AIDS Control Council (NACC)

approved and adopted *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000–2005* on November 27, 2002. This document will be useful for guiding current and future HIV/AIDS programs, and it will be an especially valuable resource for organizations that want to make gender concerns a core issue in their programs. NACC established the Gender and HIV/AIDS Committee in May 2001, under the leadership of POLICY and the University of Nairobi's STD Unit. The committee was charged with identifying gender gaps in the National HIV/AIDS Strategic Plan, analyzing gender issues based on field research, formulating guidelines and creating a framework through which gender concerns could be integrated into the plan, and formulating and monitoring policies and programs relating to the five priority areas of the strategic plan. POLICY, through the Gender and HIV/AIDS Committee, will continue to follow up with many of these organizations to obtain their feedback on their experiences with practical application of the materials in this document.

- The debilitating effects if HIV/AIDS have taken a major toll on the social and economic life of the Kenyan people—sapping the country's ability to be economically productive and severely undermining the standards of living and the stability of the social system. HIV/AIDS has therefore become a fundamental agenda item in governance strategies in Kenya and in Africa more generally. By Legal Notice No. 4015 of June 12, 2001, the Attorney General of **Kenya** established a Task Force on Legal Issues Relating to HIV/AIDS. The objective of setting up the Task Force was to review Kenya's existing legal framework and to consider all possibilities within the capacity of the legal instruments to address HIV/AIDS. POLICY provided technical and financial support to the Task Force's efforts and processes leading to the review and production of the report. The Task Force formally submitted the *Report of the Task Force on Legal Issues Relating to HIV and AIDS* to the Attorney General, who approved it on July 19, 2002, on behalf of the government. To this end, POLICY provided financial and technical support including key information, documents, and recommendations on several draft task force reports on legal issues related to gender, children, and PLWHA. The task force presented three products to the Attorney General: the detailed report, a summary report, and a presentation of highlights of the findings and recommendations. In August and September, POLICY held several consultative meetings with the USAID Offices of Health/Population and Democracy and Governance (DG), NACC, the Attorney General's Office, and other stakeholders to plan implementation of some of the recommendations. Among other follow-up activities, POLICY, MSI, and USAID plan to organize and facilitate two workshops on implementing policy change around HIV/AIDS and DG for parliamentarians and the legal task force's implementing committee. The report serves as a useful resource for those engaged in informed discussion, consultation, or dialogue on the sensitive issues surrounding HIV/AIDS.

- The HIV/AIDS epidemic in **Kenya** has moved beyond public health crisis to a personal, community, and national development catastrophe. For a country struggling to come to terms with the health and socioeconomic impacts of HIV/AIDS, the urgent need for a home-based care (HBC) policy and service provision guidelines is long overdue. This is because the epidemic acts at all levels and therefore calls for efforts and strategies that would act at individual, community, and national levels as individuals and organizations throughout the country strive to improve the quality of life of persons living with HIV/AIDS and their families. To address this need, POLICY provided technical and financial support for the formulation and production of two HBC-related documents. In May 2002, the Ministry of Health approved two documents that aim to improve home-based care for PLWHA. The audience/beneficiaries for the documents include policymakers, health care professionals, program managers, district/local health management teams, community heath committees, and AIDS Control Committees at all levels – national, regional, district, and community.

o The Ministry of Health Permanent Secretary (PS) approved and signed the *National Home-based Care (HBC) Policy Guidelines* on behalf of the government. The guidelines are directed to national policymakers and organizations involved in HBC activities and provide the policy framework for effective integration of HBC into Kenya's health care system and services. Jointly with National AIDS Control Council's (NACC) National HBC Technical Working Group, POLICY produced several drafts and the final version of the *National HBC Policy Guidelines*. This is the culmination of a two-year process co-led by POLICY of dialogue, consultations, and policy formulation among key government, NGO, and international donor and project organizations. POLICY also prepared a summary presentation and foreword for the PS and provided financial and logistical assistance to publish the guidelines.

o The Director of Medical Services (DMS) of the MOH formally approved and signed the *HBC Programme and Service Guidelines* on behalf of the government of Kenya. The *National HBC Programme and Service Guidelines* respond to the needs for standards and best practices and for ensuring quality care for PLWHA within their communities and at home. They focus on clinical care, nursing care, counseling/psycho-spiritual care, and social support, including basic information on HIV/AIDS and HBC. Jointly with NACC's National HBC Technical Working Group, POLICY produced the *National HBC Programme and Service Guidelines.* This was the culmination of a two-year process of dialogue, consultations, and policy formulation with key government, NGO, and international donor and project organizations. POLICY also prepared a summary presentation and foreword for the DMS.

- The recently elected (June 2002) President of the Republic of **Mali** publicly expressed his commitment to fighting the HIV/AIDS epidemic during the August 20, 2002 HIV/AIDS Advocacy Day for Religious Leaders. At this event, the President addressed more than 200 respected religious leaders about HIV/AIDS and encouraged them to become involved in HIV/AIDS activities. Prior to the event, religious leaders considered HIV/AIDS as a punishment from God and were opposed to condom promotion and use. As a result of the president's encouragement and commitment, religious leaders started urging followers to take action. During the event, one of the most important and respected Imams from Bamako expressed support for condom use and called on other Imams to show their support. Imams' subsequent public show of support for HIV/AIDS activities took place both in mosques and other public forums (August 23, Mosque of ACI, 2000; August 29, Mosque of Missira in Bamako; and August 25, Malian TV show, "Actualite Hebdomadaire"). Advocacy Day was organized by AMUPI and LIMAMA in collaboration with the National AIDS Control Program (PNLS) and with POLICY assistance.

- The POLICY-supported Multisectoral Technical Group (MTG) is responsible for providing assistance to the Government of **Mozambique** on the interpretation of HIV/AIDS sentinel surveillance data and estimates of HIV/AIDS prevalence and impact projections. Last year, the MTG added a new activity, conducting special studies, to its work plan and developed a list of 10 themes related to determinants of HIV prevalence in Mozambique. These special studies will be coordinated by the Center for Population Studies, Eduardo Mondlane University, one of the three institutional leaders of the MTG. On February 24, 2003, UNICEF agreed to provide $30,000 to fund several special studies on determinants of HIV prevalence in Mozambique. With POLICY assistance to the Multisectoral Technical Group (MTG), the Center for Population Studies (CEP) developed a list of 10 themes for special study. POLICY agreed to fund four studies; the MTG then approached the National AIDS Council to find additional resources. POLICY will help expedite the contracting procedures.

- Many hospitals and health institutions in **Nigeria** do not have any policies to guide them to respond to issues of HIV/AIDS.  The few institutions that have attempted to develop operational policies have policies that still remain in draft form, are weak, and have many gaps that help to perpetuate the rampant cases of stigma and discrimination that emanate from health service providers.  On February 4–5, 2003 POLICY assisted in the development of the first draft of an HIV/AIDS workplace policy "Draft HIV/AIDS Policy for Health Facilities, Enugu State, Nigeria." The policy addresses issues for all cadres of health institutions in Enugu State.  POLICY's collaboration with UNIFEM in presenting the latest draft of the National HIV/AIDS Policy and serving as resource on all policy questions and the HIV/AIDS Emergeny Action Plan (HEAP) led up to the development of this workplace policy.

- POLICY/**Nigeria** assistance in the planning and implementation of World AIDS Day 2002 activities led to a greater mobilization of resources for the campaign.  Funding of previous World AIDS Day activities had never exceeded N5 million (US$40,000) until this year when POLICY was successful in negotiating government contributions of close to N20 million (US$160,000), and the campaign received the greatest visibility to date. The National Action Committee on AIDS (NACA) invited POLICY to act as Chair for the World AIDS Day Campaign Committee.  Under POLICY guidance and within a limited timeframe of three weeks prior to December 1, the committee organized one of the most successful campaign activities in Nigeria to date.  In addition, for the first time, proper financial and reporting mechanisms were instituted, and POLICY participation led to the highest allocation of resources for these activities by both the public and private sectors.  POLICY will continue to lead this process for the six-month lifespan of the committee.

- Despite the growing number of AIDS orphans, the government of **Nigeria** has not made systematic efforts to address their special needs and concerns.  On September 3, 2002, the Director for Child Development endorsed the *Nigerian Plan of Action on Orphans and Vulnerable Children (OVC) on* behalf of the Federal Ministry of Women Affairs and Youth Development (FMWAYD).  This marks the first time that the ministry has recognized the impact of HIV/AIDS on children, and that this issue deserves special attention.  The plan outlines the activities all partners are committed to in the next 12 months and will thus provide a short-term framework for OVC interventions.  POLICY provided TA to the ministry in the drafting and subsequent revision of the plan.  POLICY also organized and facilitated the stakeholders meeting where the plan was adopted.  POLICY will provide follow-up by developing advocacy materials and facilitating the advocacy process for the plan of action.

- In **South Africa**, on March 4, 2003, the Inter-Departmental Committee (IDC) on HIV/AIDS formally adopted the 2003/2004 IDC Operational Plan.  The operational plan for 2003/2004 aims to increase information and publicity about the activities and accomplishments of the IDC, strengthen collaboration between the IDC and other national stakeholders such as the Department of Public Service and Administration (DPSA), and provide technical support to departmental HIV/AIDS focal-point staff members and/or coordinators in mainstreaming HIV/AIDS into relevant departmental policies, procedures, and programs.  POLICY facilitated a strategic planning session for the IDC in January 2003 which contributed to the development of the plan.  This work builds on POLICY's previous work with IDC in the development and adoption of the operational plan on HIV/AIDS (2001/2002) on May 8, 2001.

- As a result of the National Men's Imbizo held in October 2002 in **South Africa**, an Interim National Task Team was elected, to provide a vehicle through which men across the country can become more active partners in HIV/AIDS prevention, treatment, care, and support.  The task team will be guided by clear terms of reference, which were drawn up with TA from POLICY.  In addition, support from the

political leadership for men's involvement in HIV/AIDS was broadened through the active involvement of the Minister of Health and Deputy President in the discussions held at the Imbizo. Men's issues were raised and a platform created for stronger dialogue between this sector of civil society and policymakers.

- In **South Africa**, the application of the GOALS Model has contributed to an increase in the budget of the national government's expenditure on National HIV/AIDS programs from 783.2 million Rand in 2002/3, to 1,144.0 million Rand in 2003/4 to 1,589.4 million Rand for 2004/5. In September 2002, the national Department of Health released a report that outlined revisions to the funding requirements for the "Enhanced Response to HIV/AIDS and Tuberculosis in the Public Health Sector 2003/4–2005/6." The report highlighted how the application of the GOALS Model contributed to developing the government's AIDS budget (Medium-term Expenditure Framework). GOALS served as a basis for increasing the budgets with regard to programs focusing on HIV transmission through sex work, condom provision, and projected care costs. GOALS also confirmed budgetary estimates with regard to prevention of mother-to-child transmission (PMTCT) as well as current spending on care and treatment.

- As a result of two evaluation studies that POLICY/**South Africa** commissioned on behalf of the National Directorate: HIV/AIDS and STIs, Department of Health, two reports have been produced: *Summary Report of the Evaluation of the Master Trainer's Programme: Local Government Leading the Partnership Against HIV/AIDS,* and *Evaluation Report: The South African National Civil–Military Alliance (SACMA) Project.* The evaluation recommendations, specifically in relation to the first report, have already been used to inform future planning processes. Since the results were released, the Department of Health has convened three planning meetings to consider how the results can be used to inform its future planning around the Local Government (LG) Master Training Program. In particular, the evaluation highlighted additional training needs for the Master Trainers, ways to use the Master Trainers to train colleagues within LG structures, and how to accomplish 2003 training goals needed to be done within their local government structures. These planning meetings occurred between July and November 2002. Representatives from the South African Local Government Association, the Department of Social Development, and the Department of Provincial and Local Government attended the planning meetings.

**ANE region**

- As part of its efforts to increase involvement of nonhealth ministries in the **Cambodian** National AIDS Authority (NAA), POLICY has been assisting the Ministry of Women's and Veterans Affairs' (MWVA) in program planning in order to help bring its activities in line with those prescribed by the NAA National Strategic Plan. On October 24, 2002, the MWVA formally adopted the *MWVA Policy on Women, the Girl Child, STIs, HIV, and AIDS*. The earlier draft policy targeted women in terms of strategies and interventions. However, it is now recognized in the revised policy that because men's behavior is driving the epidemic in Cambodia, women's empowerment programs need to be strongly supported with education and advocacy interventions that target men. The NAA is now satisfied that this policy has been revised in the context of the its National Strategic Plan, and has recognized the role of the ministry in combating HIV with the gender-based response articulated in the associated action plan. POLICY assisted the MWVA with the updating and revision of the policy document and helped develop and finalize the MWVA HIV/AIDS Three-Year Action Plan.

- The Ministry of Women's and Veterans' Affairs (MWVA) in **Cambodia** has had difficulty in submitting required planning documents to donor agencies to access earmarked funding for program activities. POLICY has been facilitating a planning process with the Ministry as an outgrowth of the POLICY-supported MWVA *HIV Strategic Roadmap* process. As a result, in September 2002, POLICY helped MWVA successfully mobilize $23,366 from UNFPA and UNAIDS (using UN-sponsored Strategic Program Development Funds (SPDF)) to fund the development of the ministry's three-year HIV/AIDS Action Plan. POLICY also facilitated a roundtable of representatives including the Minister and Secretary of State of the MWVA and the Oxfam-Women's Agenda for Change Program, where key advocacy messages, such as increasing male involvement, were discussed. The MWVA agreed to incorporate these advocacy elements into the action plan.

- Two of eight local government unit (LGU) project sites in the **Philippines** passed local ordinances/resolutions providing resources for their Local AIDS Councils (LACs) to carry out HIV/AIDS activities. The local chief executive (LCE) of Butuan City passed a city ordinance allotting P100,000 ($2,300) from the city supplemental budget to fund activities of its LAC. The LCE of Dagupan City passed a resolution mandating the LAC to focus on IEC for HIV/AIDS in the city and allotted the resources required for such activities. Local government officials in the other six sites have verbally signified their intentions to fund their LACs using local funds. They are currently in the process of drafting local ordinances wherein the plans, activities, and budgetary requirements of the LAC are clearly defined. POLICY is facilitating the drafting of the ordinances. The resolutions are a product of a series of advocacy and training activities conducted by POLICY in the eight project sites between May and October 2002 in coordination with the Philippine National AIDS Council.

**LAC region**

- POLICY/**Haiti** participated in a committee in charge of the preparation of the document, "Norms and Operational Policies for Care of People Affected by HIV/AIDS," which the committee submitted to the Ministry of Health (MSPP) for approval in December 2002. MSPP is now finalizing the document. POLICY has been an active participating member of the committee, which MSPP created in January 2002 to develop the norms and operational policies. The committee presented the draft document at a Caribbean regional workshop on November 26–27, 2002. The purpose of the workshop was to ensure consistency with regional standards in terms of providing care to PLWHA and to lay the foundation for improving regional access to antiretrovirals (ARVs). The norms and operational policies will be instrumental in assessing ARV needs and purchasing drugs for less cost at the regional level.

- As the USAID HIV/AIDS officer stated in December 2002, there is a growing body of evidence suggesting the multisectoral planning groups (MCG) program in **Mexico** has made a real difference in raising the public profile of HIV/AIDS, garnering political support for the fight against AIDS, and bringing civil society into the policy arena in a sustained manner as never before seen in the states. The states where POLICY has established an MCG are at the forefront of the fight against HIV/AIDS. December 1, 2002, in Yucatan marked the first time a governor (or any public official close to that rank) has ever walked in an HIV/AIDS March for Life; the governor participated at the behest of the MCG/Yucatan. Organized in conjunction with the MCG/Mexico State, the federal government held its official events in observation of World AIDS Day in Mexico State this year, the first ever to be held outside of the Federal District. The only two National AIDS Conferences held outside of Mexico City were held in MCG states (Guerrero in 2000 and Vera Cruz in 2002), with the MCGs playing a significant role in the organization and leadership of those events. The MCGs were recognized

publicly by the most senior federal and state officials for their valuable contributions and the role they play in bringing the public sector and civil society together to address HIV/AIDS issues.

- A significant result for POLICY/**Mexico**, representing the culmination of five years of work, is the agreement from the National Center for AIDS Prevention and Control (CENSIDA) to take over the multisectoral planning groups (MCG) program as part of the national AIDS program.  As CENSIDA's Executive Director stated, this represents evidence of high-level commitment and support for broad-based participation of civil society in HIV policy work at the state and local levels.  Demonstrating its buy-in and commitment to the process and citing the importance of the MCGs for bringing civil society into the policy arena, CENSIDA, in a meeting with MCGs, POLICY, and USAID on October 2, 2002, agreed to provide assistance to the MCGs and new states in support of their negotiations with state authorities, national, and international agencies to garner support for state AIDS programs; raise awareness of the MCG program and its important public–private collaboration by disseminating and publicizing their results and through periodic newsletters to help promote the national network of MCGs; use existing resources and state meetings to strengthen the work of the MCGs and help create new ones, particularly in states with high prevalence or little political support; and strengthen the MCG programs using World Bank project funds as available and appropriate.  CENSIDA is restricted by federal/state regulations from using federal funds to pay for MCG events or equipment and to lobby for the mobilization of state resources.

## 4.4 Strengthened and expanded private sector organizations' responses to delivering HIV/AIDS information services

**Africa region**

- POLICY's effective technical support in **Ghana**'s participation program resulted in some success for the sustainability efforts of some of the reproductive health networks.  The Kwabibirem RH Network proposal to GARFUND (a World Bank loan to the government of Ghana) for funding was approved.  The network received a grant of 27 million cedis (approximately US$3,500) in November 2002 to undertake district-level advocacy activities in HIV/AIDS/STIs.  POLICY/Ghana, through its advocacy component, provided assistance to the Kwabibirem RH Network (and the other RH networks) by reviewing and helping fine tune grant proposals that were then submitted to GARFUND.  The other RH networks are awaiting evaluation of their proposals for funding.  POLICY provided TA to all six Eastern Region RH networks.

- The National Council of Churches in **Kenya** (NCCK), a membership organization representing more than 40 Protestant denominations, used information produced with support from POLICY to develop a campaign against HIV/AIDS stigma and discrimination, targeting clergy and laity through highly placed clergy leaders.  POLICY started this process in May 2002 by developing materials for electronic and print media presentations on HIV/AIDS and its impacts on the clergy.  With the support of various HIV/AIDS organizations (e.g., NACC, KENWA, Women's Organizations Fighting AIDS in Kenya (WOFAK), KANCO, KADA, and CAFS) and through a well-coordinated approach with the NCCK Secretariat, two presentations were featured on the agenda of the 56th NCCK General Assembly (August 2002), attended by more than 200 clergy leaders.  POLICY facilitated the presentation with the support of two prominent PLWHAs: (1) Rev. Cannon Gideon Byamunghisha of Uganda, an internationally renowned and respected advocate for the rights of PLWHA, and (2) Asunta Wagura, a nationally respected advocate for the rights of women living with HIV/AIDS.  In September 2002,

POLICY transferred the presentations onto an electronic CD-ROM that will be reproduced for dissemination to churches throughout Kenya. Rev. Mutava Musyimi, the NCCK General Secretary, stated that the presentations developed and presented with POLICY's assistance had achieved in 10 minutes what the churches had struggled in vain to achieve during the past 10 years.

- In **Nigeria**, as a result of TA provided by POLICY to the PLWHA support group Organization for Positive Productivity (OPP), its proposal to the World Bank HIV/AIDS Program "Mitigating the Impact of HIV/AIDS Among PLWHA in FCT" was awarded. Increased access to financial resources should enhance OPPs capacity to implement projects and contribute significantly to the care and support needs of PLWHA in the Federal Capital Territory (FCT). Increased visibility of OPP has attracted several other donor agencies. For example, one agency provided OPP with resources to obtain its own office, which opened on March 26, 2003.

- In **South Africa**, the Department for International Development (DFID) awarded a R45 million grant (US$5,867,000) to Christian Aid of the United Kingdom for the implementation phase of the Church of the Province of Southern Africa (CPSA) strategic plan. POLICY-supported the HIV/AIDS strategic planning process for CPSA in August 2002 culminating with the endorsement of the overall CPSA plan in September 2002 by the 400-member Provincial Synod, representing all 23 dioceses of CPSA.

- POLICY supported the development and the piloting testing of the first Wellness Management Curriculum in March 2003 for the Church of the Province of **Southern Africa** (CPSA). The curriculum represents a unique training tool and accompanying materials, which expand the information base for church structures to better provide for the care and support needs of their communities. Thirty-seven master trainers from 21 dioceses of the CPSA underwent a four-day TOT workshop on wellness management. This team of master trainers is now in a position to effectively run workshops at the diocesan level across the CPSA using the curriculum. The curriculum, in the form of a training manual, will undergo final revisions based on the feedback received during the TOT workshop and will then be used, in its refined form, for the diocesan roll-out phase.

- As part of POLICY's ongoing support to the broader HIV/AIDS strategic planning for the Anglican Church Province of **Southern Africa**, and following the All Africa Anglican Conference on HIV/AIDS in South Africa in August 2001, the 22 dioceses of the church province have engaged in strategic planning. The church province of Mozambique, the final church province to partake in the planning process guided by the POLICY-produced planning guide, *Planning our Responses to HIV/AIDS: A Step by Step Guide to HIV/AIDS Planning for the Anglican Church*, drafted a plan to meet the challenges of HIV/AIDS at the local level. This strategic planning session held in Gauteng Province, South Africa was part of POLICY's ongoing support to the Faith Organizations in HIV/AIDS Partnership (FOHAP) initiative. The *HIV/AIDS Strategic Plan for the Anglican Church, Mozambique,* completed in November 2002, outlines the priority areas for response by the sector, and includes expanding orphan care, tackling stigma, and increasing care and support facilities for those affected and infected by HIV/AIDS. Following the POLICY-facilitated strategic planning workshop with the diocese of Mozambique, the Bishop formally endorsed the diocesan strategic plan. The plan will now guide future HIV/AIDS interventions at the local level.

- The Church of the Province of **Southern Africa**'s (CPSA) General Synod met from September 22–28, 2002 in Bloemfontein and unanimously approved the CPSA Strategic Plan and adopted the Archbishop's five-point prevention plan, which includes testing, knowing one's HIV status, and using

condoms. The General Synod also agreed to support expanded programs supporting women and children at risk.

- POLICY has provided assistance the Inter-Religious Council of **Uganda** (IRCU) in program planning and project management to strengthen its role in supporting community and faith-based organizations to carry out HIV/AIDS-related activities. In August 2002, the IRCU's HIV/AIDS Committee formally adopted the council's strategic plan, covering the period September 2002–August 2007. The plan aims to mobilize resources for FBOs to respond to the HIV/AIDS-related needs in their communities, including support for OVC for which USAID has already made funds available through POLICY. During a one-week workshop conducted July 22–26, 2002, POLICY provided technical and financial support to ICRU to complete its five-year strategic plan and global budget. Following the workshop, POLICY, the Mission, and IRCU held a series of meetings to plan the additional TA, training, and financial support needed for the HIV/AIDS committee to operationalize the plan, including development of an implementation strategy for OVC.

**ANE region**

- In **Cambodia**, CPN+ reports that currently only 250 PLWHA are enrolled in an antiretroviral (ARV) access program, run by an international NGO. However, ARV access has been identified as one of the priority issues for the PLWHA community. Accordingly, as a result of the CPN+-led Strategic Alliance on Treatments Access, Prime Minister Hun Sen issued a verbal directive during his closing address at the Second National HIV Conference on October 4, 2002 to the Ministry of Health (MOH) to facilitate increased access to treatment and to ARV therapies. The directive ordered the MOH to allocate public health sector funding to a number of initiatives, which will increase PLWHA access to ARVs. CPN+ (with support from POLICY) coordinated the formation of the Strategic Alliance, representing the interests of 3,000 PLWHA. The primary purpose of the Strategic Alliance was to prepare an advocacy campaign to increase access to antiretrovirals (ARV). Following the formation of the alliance, POLICY, in collaboration with the Australian and Cambodian Red Cross, provided technical assistance for a Positive Spaces meeting, linked to the Second National HIV/AIDS Conference. The Positive Spaces meeting, attended by 60 PLWHA from provincial and urban Cambodia, was used as a vehicle for the CPN+ led Strategic Alliance to issue a call to action to increase ARV access.

**E&E region**

- At an International HIV Alliance (Alliance)-sponsored workshop in December 2002, POLICY/**Ukraine** Advocacy Trainer Lena Truhan and RH/HIV Technical Advisor Oleg Semerik assisted in building the capacity of three NGOs to develop advocacy campaigns. The three campaigns, developed by persons affected by HIV/AIDS, are focused on (1) advocating for the development of a mechanism to integrate HIV-positive children in secondary Dnipropetrovsk schools (e.g., addressing stigma); (2) obtaining a political decision to open a resource center for sex-workers in Nikolaev (e.g., reducing HIV/AIDS transmission); and (3) including HIV/AIDS information into curriculum for policemen in Nikolaev (e.g., changing policemen's practices toward IDUs). Truhan led many key sessions and Semerik led one session intended to increase the capacity of the NGOs to create advocacy campaigns.

**LAC region**

- In December 2002, as a result of the workshop "Christian Response to HIV/AIDS," prominent religious leaders in **Haiti**, for the first time, signed a resolution committing their institutions to joining the battle against AIDS and calling for follow-up meetings to arrive at a unified strategy for their efforts. POLICY/Haiti collaborated with IMPACT and HS-2004 to support a committee composed of POZ, Caritas, and World Relief, in planning and conducting the workshop which brought together of the Catholic, Anglican, and Protestant churches, including the Apostolic Nuncio, an Anglican Bishop, and the President of the Protestant Federation of Haiti, as well as other leaders. Objectives of the workshop were to discuss the experiences of the Christian church in the fight against HIV/AIDS and develop lessons learned from these experiences, and uncover the values and Christian principles that encourage active engagement of churches in AIDS ministry. The workshop was attended by 120 people, which included, in addition to the religious leaders, the U.S. Ambassador, the USAID Mission Director, and the Minister of Health.

- In the state of Vera Cruz, **Mexico,** where the multisectoral planning group (MCG) has been active on a regular basis in both the port city of Vera Cruz and Jalapa since April 2002, a new local-level MCG was created in the state's Cordoba Region during October–December 2002. The Cordoba regional MCG is composed of representatives from municipalities, businesses, health, and education sectors and others. POLICY will provide assistance to help it get off to a good start. This is the first example of a spin-off MCG at the local level—fostered by the state MCG, but emerging on its own in response to a local need.

## 4.5 Improved availability of and capacity to generate and apply data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

**Africa region**

- The **Mali** AIM Booklet *Le VIH/SIDA au Mali: Evolution et impacts sur le developpement* has been used several times in advocacy efforts. For example, Population Services International (PSI) used the Mali AIM (tailored for use with religious leaders) during an advocacy workshop with religious leaders in Mopti, October 8–9, 2002. The goal of this advocacy exercise was to increase support among religious leaders for HIV/AIDS activities and to encourage them to incorporate AIDS messages (prevention and reduction of stigma and discrimination) in their preaching. Additionally, the "Fondation Partage" used data from the Mali AIM during its fifth information and advocacy radio campaign for HIV/AIDS, called "Synchrosida." The program was broadcast simultaneously on the national radio network and 19 local stations around Bamako.

- In **Mozambique**, information from the POLICY-supported HIV/AIDS factbook *Impacto De Demografico Do HIV/SIDA Em Mocambique* was used to support preparation of the government of Mozambique application to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis in September 2002. The factbook was also used as an advocacy tool in the national youth network, Aro Juvenil's publication "AIDS in Mozambique," as well as by the World Bank's new project, "Mozambique–HIV/AIDS Response Project" for planning (Report No. PID11473) in December 2002.

- MSF (Doctors Without Borders)/Mozambique issued a medical policy for national MSF staff in **Mozambique** in September 2002, to provide health care to the national staff and their close family members who are living with HIV/AIDS; ensure the protection of the human rights of the employees living with HIV/AIDS; and make staff members aware about the reality of the HIV-AIDS epidemic and encourage people to be counseled and tested and to protect them from any HIV infection. Annex 1

"Updated overview on the epidemic in Mozambique" includes figures taken directly from the 2001 update of the HIV/AIDS factbook published by the multisectoral Technical Group. POLICY provides technical assistance to the Technical Group, including application of AIM.

- The national Department of Health of **South Africa** used results from the GOALS Model in September 2002 to develop the government's AIDS budget (Medium-term Expenditure Framework), which led to increased budgets for programs focusing on HIV transmission through sex work, condom provision, and projected care costs. POLICY provided training in the use of the GOALS Model for Department of Health staff. Results of the *GOALS Model* application also form the basis for the National AIDS Control Council (NACC) Planning, Financing, and Budgeting Group (TG5) Joint AIDS Program Review (JAPR) report. It was determined that prevention activities would require an additional $60 million in the final two years of the strategic plan to have adequate resources to achieve the established goals (25% reduction in HIV prevalence among 15–24 year olds). It was also estimated that approximately $76 million would be required to assure significantly increased access to HAART for those already infected.

- As a result of training in the SPECTRUM FamPlan and DemProj models last December, Dr. Rutaremwa has trained officials from the **Uganda** AIDS Commission, AIDS Information Center, and National AIDS Control Program in the use of these models. These officials have also joined the training in other SPECTRUM models (RAPID and AIM) being conducted at Makerere University. POPSEC's Charles Zirarema, who previously received training in RAPID, is now conducting TOTs in the ongoing RAPID training at Makerere University.

# III.   Country Summaries

## 1.      Cambodia

POLICY assistance in Cambodia aims to create an enabling policy environment for addressing HIV/AIDS/STIs and family health prevention, care, and support policies and programs.  Project activities are centered on a rights-based approach to HIV/AIDS and family health and include components that address stigma and discrimination, protect human rights, support empowerment of communities affected and infected by HIV, and strengthen partnerships between government and civil society.  The workplan builds on existing partnerships with national government ministries, in particular the National AIDS Authority, and civil society networks and organizations.

## 2.      Ethiopia

POLICY activities in Ethiopia are directed toward expanding HIV/AIDS efforts by providing support to the National AIDS Council, Regional AIDS Councils, and key HIV/AIDS NGOs.  POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing technical assistance in policy advocacy, priority setting, and use of information for policy and program development. POLICY also assists in increasing the understanding of crosscutting issues of gender and human rights in relation to HIV/AIDS.

## 3.      Ghana

The goals of POLICY Project assistance in Ghana are to assist the government in implementing a national policy on HIV/AIDS and STIs.  Project assistance focuses on institution building for the National AIDS Control Program (NACP) of the Ministry of Health and strengthening its ability to support the work of the Ghana AIDS Commission, a high-level advisory body over which the Vice President of Ghana presides. Assistance also focuses on expanding the advocacy efforts of NGOs working in HIV/AIDS and supporting policy dialogue for newly elected members of the executive and legislative branches.  This is accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; technical assistance and financing for regional and district advocacy events; and information dissemination through counterpart organizations.

## 4.      Haiti

The goal of POLICY Project assistance in Haiti is to fill the policy void resulting from a severely weakened public sector, by strengthening civil society's role, building public–private sector partnerships, and supporting the public sector's strategic planning process.  POLICY provides technical and financial assistance in advocacy and fundraising to NGOs and other civil society organizations focused on youth, women, HIV/AIDS, and other sectors, such as religious institutions.  In the public sector, POLICY provides assistance to the Ministry of Health to promote the implementation of the national HIV/AIDS strategy and to other ministries to integrate HIV/AIDS into their activities.   POLICY also provides technical assistance to the government in implementing the country project funded by the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria.

## 5. Jamaica

The goal of POLICY Project assistance in Jamaica is to foster an environment that is supportive of FP/RH and HIV/AIDS/STIs with a specific focus on the needs of youth. POLICY activities aim at integrating and coordinating policies and programs affecting youth and responding to the impact of HIV/AIDS on youth in Jamaica. In addition, POLICY is implementing a core package activity to develop a plan for FP/RH and HIV/AIDS/STI integration and to identify and eliminate policy barriers to integration.

## 6. Kenya

POLICY/Kenya's objectives are to take advantage of the recent favorable changes in the policy environment to increase and renew political support for high-quality HIV/AIDS services and improve the planning and financing of these services. POLICY/Kenya seeks to improve the enabling environment for the provision of HIV/AIDS services through improved policies and programs, improved management of health sector resources for HIV/AIDS, use of relevant information to inform policy decisions, and enhanced in-country/regional capacity to provide policy training. To achieve these objectives, POLICY is working with a wide range of government, nongovernment, and civil society stakeholders and interest groups at the national, provincial, district, and community levels. Activities address HIV/AIDS education, the military and police, FBOs, PLWHA, orphans, youth, gender issues, law, and human rights. POLICY is also promoting the mobilization of additional financial resources through strengthening health policies and systems at the national, provincial, and district levels to achieve improved planning, financing, and quality of HIV/AIDS, and other primary health care services.

## 7. Malawi

POLICY's strategic priorities in Malawi are to improve the HIV/AIDS environment through support of government, NGOs, and other stakeholders in the development, dissemination, and implementation of national policies on HIV/AIDS; and to strengthen the capacity of the National AIDS Control Commission to fulfill its role in coordinating the national multisectoral response and in providing technical and other support to implementing organizations.

## 8. Mali

In support of the Mission's new Country Strategic Plan (CSP) 2003–2012, POLICY seeks to strengthen the capacity of public and private sector counterparts to advocate for improvements in the policy environment for HIV/AIDS. POLICY's strategy is to channel its assistance primarily through the National AIDS Program (PNLS), helping it to provide the leadership and direction necessary for advocacy to succeed. POLICY also seeks to facilitate greater collaboration among government agencies and between the public and private sectors by using a participatory process in transferring skills and knowledge in policy analysis, policy dialogue, and advocacy. In addition, POLICY supports the Groupe Pivot, an NGO network representing over 150 NGOs, which has a close working relationship with government agencies and has received advocacy training and technical assistance. POLICY assistance has taken the form of 1) using and updating the AIM and the latest DHS in a participatory process with other ministries and NGOs; 2) training in using presentations based on the AIM results to support advocacy and policy dialogue; 3) institutional strengthening of the PNLS; and 4) support for high-level policy dialogue and advocacy.

### 9. Mexico

In Mexico, the POLICY Project works to promote enhanced participation in policy and planning processes and improve the policy environment for HIV/AIDS in targeted states. The project helps form multisectoral planning groups (MCGs), composed of a broad range of state and local organizations working in HIV/AIDS and related fields, helping them develop integrated strategic plans for HIV/AIDS that address the needs of vulnerable populations as well as strengthening members' skills in advocacy, policy dialogue, and multisectoral coordination and partnerships. POLICY provides follow-up technical assistance to help establish the planning groups as permanent advisory boards that, among other things, advocate for HIV/AIDS policy in their states. Additionally, POLICY provides technical updates and training on key issues, including youth and adolescents, HIV/AIDS and human rights, gender issues, and advocacy for HIV/AIDS. The project also has a core package in place to develop and test innovative approaches to stigma and discrimination around HIV/AIDS in the Federal District, State of Mexico, and Yucatan.

### 10. Mozambique

The goal of POLICY Project assistance in Mozambique is to help ensure that uniform, timely, and accurate information on HIV/AIDS is available to partners in the National Program to Combat STIs/HIV/AIDS, and that intervention efforts apply that information for policy development, program planning and financing, advocacy, and monitoring and evaluation. Assistance includes strengthening the capacity of the Multisectoral Technical Group to analyze HIV sentinel surveillance data, update impact projections, and provide technical assistance to public and private sector counterparts in their use. POLICY also supports improved financial planning for the national HIV/AIDS program and promotion of protection from discrimination based on HIV status. Project activities include training counterparts and providing training opportunities for university students; coordinating linkages between the technical group and the National AIDS Council, line ministries, and the private sector; and participating in donor coordination. POLICY is also facilitating a legal and regulatory review of existing laws and norms to determine which existing policies should be more widely disseminated and enforced, which should be abolished or substantially revised, and what additional policies/laws/guidelines might be needed.

### 11. Nepal

In Nepal, the goal of POLICY assistance is to work in collaboration with the National Center for AIDS and Sexually Transmitted Disease Control (NCASC) to create an enabling policy environment by supporting the development of a Planning and Coordination Unit. This unit will be responsible for facilitating and monitoring policy dialogue, development, and advocacy and for building partnerships with the civil society sector. Specifically, POLICY will support the NCASC to increase ownership of the National HIV/AIDS Strategy and Operational Plan within the public sector, at the district level, and in the private sector. In collaboration with the NCASC, POLICY will also focus on addressing the complex challenges of strengthening the multisectoral policy response to the HIV/AIDS epidemic in Nepal. In addition, POLICY activities will be aimed at facilitating the greater involvement of people living with HIV/AIDS in the formulation of HIV/AIDS policies and programs. POLICY will help establish improved and effective planning and finance mechanisms for HIV/AIDS policies and programs and increased understanding of the impact of stigma and discrimination on prevention, care, and support policies and programs.

### 12.	Nigeria

The POLICY Project in Nigeria, in conjunction with stakeholders and interest groups, is working through a multisectoral approach to increase political support, planning, and financing for high-quality HIV/AIDS services. Activities include development of HIV/AIDS policies in the civilian and military population, development of strategic plans and advocacy for HIV/AIDS, research on the effects of HIV/AIDS on vulnerable segments of the population, and use of accurate information for advocacy and planning.  The project is also working with FBOs to develop policies on HIV/AIDS and to increase their support for HIV/AIDS policies and programs.

### 13.	Peru

The goal of POLICY assistance in Peru is to strengthen civil society organizations and advocate for sexual and reproductive health and rights, including those related to HIV/AIDS. POLICY works closely with PLWHA organizations and coalitions of NGOs working in the area of HIV/AIDS to build capacity and strengthen their skills to advocate for political support, as well as policies and legislation in favor of prevention, care, and treatment related to HIV/AIDS.

### 14.	Philippines

POLICY Project assistance in the Philippines aims to strengthen the capability of national government agencies and national and local community-based organizations and institutions in the design, implementation, and evaluation of policies and plans for resource mobilization and utilization to achieve sustained political and financial support for population HIV/AIDS activities.  The approach is premised on the fundamental elements of participatory and informed decision making, mobilization of civil society, enhanced private sector participation, and public-private sector partnerships in HIV/AIDS policy development, planning, and program implementation.  POLICY/Philippines assistance is focused on multisectoral efforts aimed at gradually achieving sustained domestic financial support and improved HIV/AIDS services.

### 15.	REDSO/ESA

POLICY activities are supportive of REDSO's regional program to build the capacity of HIV/AIDS institutions in the region. One of the three principal African partners receiving REDSO support is the Commonwealth Regional Health Community Secretariat (CRHCS).  The Ministers of Health in these countries have charged CRHCS with the task of promoting efficiency and relevance in the provision of health-related services in the region.  POLICY works to build the capacity of CRHCS to strengthen policy analysis, formulation, dialogue, and advocacy activities within the Secretariat itself and, by extension, across the 14 member countries.  POLICY's objectives are, therefore, to assist CRHCS in identifying, strengthening, promoting, and advocating for policies that underpin and permit efficient and relevant health interventions and services in the region.

### 16.	South Africa

The goal of POLICY Project assistance in South Africa is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies.  Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STI program by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS;

facilitating effective planning for HIV/AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations and institutions working in HIV/AIDS.

**17.     Tanzania**

POLICY's goal in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health.  Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors to advocate for policy change within and outside their organizations and to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs and policies.  Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STI program.  Activities include assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

**18.     Uganda**

The goal of the HIV/AIDS POLICY Project assistance in Uganda is to strengthen, through technical assistance, the role of the Inter-Religious Council of Uganda (IRCU) in supporting community and faith-based organizations in carrying out HIV/AIDS-related activities with a special focus on orphans and vulnerable children. POLICY's assistance to IRCU includes project management skills, proposal writing, and training in the use of AIM. POLICY will also help IRCU to build its capacity and effectiveness by developing financial, administrative, and human resources management manuals.

**19.     Ukraine**

To stem the spread of HIV/AIDS, POLICY is working with NGOs and policymakers to document the barriers PLWHA face when trying to access reproductive health services and to recommend needed reforms in laws, policies, and regulations.  The focus is on upholding human rights principles of nondiscrimination and confidentiality, improving access to services for HIV-positive pregnant women, and reducing mother-to-child transmission of HIV.

**20.     West Africa Regional Program (WARP)**

The goal of POLICY Project assistance to WARP (including assistance to the Family Health and AIDS (FHA) Project and CERPOD) is to strengthen political commitment for HIV/AIDS programs.  Assistance focuses on generating information critical to policy decision making in HIV/AIDS and expanding the roles of parliamentarians, NGOs, and other significant groups.  This is accomplished by assisting with applications of AIM at the regional and country level, development of plans for effective dissemination of AIM results, the preparation of regional and country-level presentations and booklets for audiences, such as U.S. ambassadors and national and district decision makers, and workshops directed at parliamentarians, NGOs and other partners to strengthen their roles in addressing HIV/AIDS.  Regional partners critical to project success include the Forum of African/Arab Parliamentarians for Population and Development, CERPOD, and the FHA Project.

**21.     Zambia**

Located in the heart of the African AIDS belt, Zambia has one of the worst HIV/AIDS epidemics in the world. The country's decentralization program means that much of the continued response to the epidemic will be determined at district and community levels. POLICY's objectives in Zambia are to enhance HIV/AIDS responses and to promote HIV/AIDS-related human rights. POLICY's program focuses on three theme areas: information for policy dialogue and planning, multisectoral response focused at the district level, and human rights and support to the Network of Zambian People Living with HIV/AIDS (NZP+). POLICY will build and strengthen the capacity of partner organizations and institutions to design, implement, and advocate for programs at national, provincial, and district levels. POLICY will support the National AIDS Council in implementing the National HIV/AIDS Strategic Framework by strengthening its coordination role and helping to define the multisectoral response.

## IV.   Problems and Constraints

The POLICY Project has, in general, not encountered any significant portfolio-wide constraints.  To the contrary, among both USAID Mission field staff and the IWG members, there has been growing recognition of the importance of an enabling policy environment in an effective response to the HIV/AIDS pandemic.  Because of this support, the POLICY Project has received numerous requests for a broad range of policy assistance, which has involved a growing number of POLICY Project staff members.

One problem that is facing the entire HIV/AIDS community is the challenge of developing the human capital needed to meet the demands of the pandemic.  All too often, the demands outpace the supply of highly skilled professionals available to address HIV/AIDS.   In particular, providing technical and management leadership in the countries in Africa hit hard by HIV/AIDS is an ongoing concern.  And POLICY, too, has felt this burden. Over the past year, POLICY has responded by recruiting a number of new Washington-based staff (Felicity Young, Anne Eckman, Omar Perez, Pablo Magaz, Philippa Lawson, and Alphonse Bigirimana.)

In addition, POLICY has recognized the importance of ensuring that our current management systems meet the policy needs  of the epidemic. To this end, Africa now has two regional managers: Brenda Rakama (East and Southern Africa) and Don Dickerson, based in Benin (West Africa; Ethiopia and Kenya). This has greatly increased the project's ability to respond to emerging and ad hoc HIV/AIDS issues on the continent. The project has also expanded staff in field office; for example, in the Cambodia, Nepal, Vietnam, Mozambique, and Malawi country offices and for the Southern Africa and ANE HIV/AIDS regional programs. In order to meet our goal of building and strengthening in-country skills and expertise, it is critical that dynamic systems are put into place to ensure the smooth transition of various management portfolios.

POLICY's expanding HIV/AIDS portfolio has highlighted the issue of integration of FP/RH and HIV/AIDS and brings with it many opportunities and challenges. Some of these challenges include meeting staffing and training needs, balancing resource allocation, and determining complementary goals and objectives. Several technical and managerial issues are also faced in trying to achieve optimal and meaningful integration of FP/RH and HIV/AIDS policies, programs, and services. To be effective and sustainable, integration should only be emphasized in those situations where it makes the most sense programmatically.   To that end, POLICY pursues select policy activities aimed at developing and strengthening meaningful policy synergies: encouraging holistic approaches to preventing mother-to-child transmission, promotion of strengthened safe motherhood advocacy strategies, and the importance of meeting the reproductive health needs of HIV-positive women.  As an example, POLICY's work in Ukraine to improve access to FP/RH services for HIV-positive pregnant women is a shining example of integration in action. POLICY will continue to seek out and act on these opportunities.

Collaboration with other IA's is of extreme importance to POLICY for it is only through the sharing of skills and resources that we are able to collectively make inroads into the epidemic. Proof of this is the current partnership POLICY enjoys with PATHFINDER in Brazil on our GIPA Research Project; with CARE in Vietnam with whom we share office space; with PSI on aspects of the Regional Program in Southern Africa; and with MEASURE/Evaluation on the core package in Mexico. These and other collaborations are synergistic and transparent—as the nature of collaboration should be. It is imperative that collaboration is fostered but not mandated in order to meet funding goals and other USAID

administrative requirements. Greater thought needs to be placed on ensuring that programmatic IA collaboration is encouraged in areas of mutual interest.

On the administrative side, the semi-annual reports required for the OPRH enable our staff to reflect on past accomplishments, highlight successful partnerships, and outline ongoing priorities. They provide a valuable tool for recording the project's legacy and lessons learned. To this end, in preparation for the SS04 Strategic Review Process the recently completed (February 2003) report on our *"HIV/AIDS Accomplishments: Areas of Technical Leadership, Lessons Learned, and Future Challenges"* provided an excellent platform for showcasing our achievements for the period 1998–2002. This was, however, a time-consuming and an onerous task that required considerable level of effort by several staff members.

At the same time, different deadlines (April/October for the OHA and January/July for the OPRH), and reporting formats and electronic transfers of project publications leads to a duplication of effort and diverts staff time away from other project implementation priorities. While it helps focus our attention on achieving meaningful results, another activity that is proving to be time-consuming is the programmatic database (PDB). It appears that the PDB is best suited for service-oriented projects. Incorporating policy-type activities into the system has been and, despite well intentioned efforts by the various stakeholders, continues to be quite challenging. Entering data into the database also involves a duplication of efforts that went into the preparation of the annual workplan. To ensure a fair reflection of both the depth and scope of policy activities, POLICY has been actively engaged in ensuring that the fields currently available in the PDB are expanded, and we are trying to find ways to streamline and simplify the PDB data entry process. We are also actively pursuing ways to minimize the reporting burden to both the OPRH and the OHA and to avoid duplication of effort.

# V.    HIV/AIDS Financial Summary

The POLICY Project financial reporting system has been in operation since September 1995 and provides detailed financial reporting to USAID in the form of Quarterly Financial Reports, which include information on budget, expenditures, and level of effort by source of funds and also by country and activity.  POLICY Project core funds provided by the OHA are tracked using separate project codes and subactivity codes.

Financial information pertaining to POLICY's HIV/AIDS work for the period October 1, 2002 to March 31, 2003 is shown in the table below.

| Source | Total Obligations | Expenditures Through 3/31/03 | FY03 Expenditures | Pipeline |
|---|---|---|---|---|
| GH/OHA Core | 5,490,000 | 3,715,005 | 819,025 | 1,774,995 |
| Africa Region/Southern Africa | 3,205,000 | 1,903,312 | 324,839 | 1,301,688 |
| ANE Bureau | 1,604,000 | 501,229 | 321,825 | 1,102,771 |
| HIV/AIDS Field Support | 21,355,000 | 15,004,080 | 3,903,488 | 6,350,920 |
| HIV/AIDS MAARDs | 3,471,516 | 3,274,773 | 899,567 | 196,743 |
| **Total** | **34,925,516** | **24,398,399** | **6,268,744** | **10,527,117** |